



State of Connecticut  
Department of Public Safety / Division of State Police

FATAL ACCIDENT

ACCIDENT INFORMATION SUMMARY

State Police Troop: D - Danielson

Case Number: DPS-04-056817

Notations:  
Traffic: Light  
Weather: Snow  
Lane      of       
Direction of Travel:  
N S E W

Investigating Trooper: TPR. Poplawski # 827

Date: 11/13/04 Time: 0123 hours

No. & Type of Veh's Involved: 1 truck vs  
(Passenger Car, Truck, Bus, Etc.)

Related Information: Rock/ Telephone Pole  
(Pedestrian, Pole, Bridge Abutment, Etc.)

Town / City: Thompson

Location of Accident: Wagher Road

Utility Pole Name & Number (If Applicable): CL&P # 1010

Other (Specify):     

Oper #1: Walkowiak, William

DOB: 09/28/63 Gender:  M  F

Address: 62 Willsonville Road

Town: Thompson State: CT Zip: 06255

Oper. Lic. # 097097443 Type: AM State: CT

Owner #1: SAME

Address:     

Registration Plate: 4C3668 State: CT

Make: Chevrolet Model: Silverado Year: 1999

VIN: 2GCEK19T3X1252522

Seatbelt(s):  Yes  No Airbag:  Yes (Deployed  Y  N)  No  N/A

Insurance Company: National Grange Mutual

Insurance Policy #: 01J82939A

Injuries: Fatality

Vehicle Damage: totaled

Vehicle Towed:  No  Yes, NorthEast Auto

Occupant(s): [Name / DOB / Address / Position in Veh]

Oper #3:     

DOB:      Gender:  M  F

Address:     

Town:      State:      Zip:     

Oper. Lic. #      Type:      State:     

Owner #3:     

Address:     

Registration Plate:      State:     

Make:      Model:      Year:     

VIN:     

Seatbelt(s):  Yes  No Airbag:  Yes (Deployed  Y  N)  No  N/A

Insurance Company:     

Insurance Policy #:     

Injuries:     

Vehicle Damage:     

Vehicle Towed:  No  Yes,     

Occupant(s): [Name / DOB / Address / Position in Veh]

*(This section is crossed out with a diagonal line)*

Oper #2:     

DOB:      Gender:  M  F

Address:     

Town:      State:      Zip:     

Oper. Lic. #      Type:      State:     

Owner #2:     

Address:     

Registration Plate:      State:     

Make:      Model:      Year:     

VIN:     

Seatbelt(s):  Yes  No Airbag:  Yes (Deployed  Y  N)  No  N/A

Insurance Company:     

Insurance Policy #:     

Injuries:     

Vehicle Damage:     

Vehicle Towed:  No  Yes,     

Occupant(s): [Name / DOB / Address / Position in Veh]

Oper #4:     

DOB:      Gender:  M  F

Address:     

Town:      State:      Zip:     

Oper. Lic. #      Type:      State:     

Owner #4:     

Address:     

Registration Plate:      State:     

Make:      Model:      Year:     

VIN:     

Seatbelt(s):  Yes  No Airbag:  Yes (Deployed  Y  N)  No  N/A

Insurance Company:     

Insurance Policy #:     

Injuries:     

Vehicle Damage:     

Vehicle Towed:  No  Yes,     

Occupant(s): [Name / DOB / Address / Position in Veh]

*(This section is crossed out with a diagonal line)*

### Brief Description of Accident

Veh #1 was traveling southbound on Wagher Road when it lost control on the snow covered roadway. Veh #1 spun out of control traveling off the northbound shoulder striking a large bolder, tree and utility pole. Veh #1 then rolled over coming to final rest on it's roof. Oper #1 was pinned inside the vehicle and had to be extricated. Paramedic on scene pronounced the operator deceased at the scene Case currently under investigation.

This investigation is:  Open / Continuing  Closed

#### MEDICAL ATTENTION:

#1 Ambulance  Yes, Company  No

Patient Name: \_\_\_\_\_

Hospital: \_\_\_\_\_

Injuries: \_\_\_\_\_

#2 Ambulance  Yes, Company  No

Patient Name: \_\_\_\_\_

Hospital: \_\_\_\_\_

Injuries: \_\_\_\_\_

#3 Ambulance  Yes, Company  No

Patient Name: \_\_\_\_\_

Hospital: \_\_\_\_\_

Injuries: \_\_\_\_\_

#4 Ambulance  Yes, Company  No

Patient Name: \_\_\_\_\_

Hospital: \_\_\_\_\_

Injuries: \_\_\_\_\_

#### FATALITIES: Do Not Release Unless Next of Kin Notified

Name: \_\_\_\_\_

Next of Kin Notified?  Yes  No

#### ENFORCEMENT ACTION:

Arrested: \_\_\_\_\_

Warned: \_\_\_\_\_

Arrested: \_\_\_\_\_

Warned: \_\_\_\_\_

Supervisor's Approval Required: Signature Seth J. [Signature] # 291 Date 11/13/04